

Supplemental Application Data Sheet

Application Information

Application number::	10/549,463
371(C) Date::	Not Yet Assigned
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	ROTATABLE AND ARTICULATED MATERIAL HANDLING APPARATUS
Attorney Docket Number::	061300-0843
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	4
Total Drawing Sheets::	6
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Zhendong (Mike)
Family Name::	Zhou
City of Residence::	Mequon

State or Province of WI
Residence::
Country of Residence:: US
Street of mailing address:: 7921 West Rolling Field Drive
City of mailing address:: Mequon
State or Province of mailing address:: WI
Postal or Zip Code of mailing address:: 53097

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Family Name:: Yanacek
City of Residence:: Oshkosh
State or Province of Residence:: WI
Country of Residence:: US
Street of mailing address:: 356 West 19th Avenue
City of mailing address:: Oshkosh
State or Province of mailing address:: WI
Postal or Zip Code of mailing address:: 54902

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jon
Family Name:: Morrow

City of Residence:: Neenah
State or Province of WI
Residence::
Country of Residence:: US
Street of mailing address:: 1224 Kampo Court
City of mailing address:: Neenah
State or Province of mailing WI
address::
Postal or Zip Code of mailing 54956
address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James
Family Name:: Gullickson
City of Residence:: Kaukauna
State or Province of WI
Residence::
Country of Residence:: US
Street of mailing address:: **2012 White Wolf Lane**
City of mailing address:: Kaukauna
State or Province of mailing WI
address::
Postal or Zip Code of mailing 54130
address::

Correspondence Information

Correspondence Customer Number:: 26371
E-Mail address:: PTOMailMilwaukee@foley.com

Representative Information

Representative Customer Number::	26371	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2004/008080	03/17/2004
This Application	An application claiming the benefit under 35 USC 119(e)	60/455,149	03/17/2003

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: Oshkosh Truck Corporation